

Self-direction in return-to-work: bottlenecks, facilitators and an intervention

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Valorisation of the research findings

‘Science for its own sake’ usually means nothing more than science for the sake of the people who happen to be pursuing it

Rudolph Virchow, 'Standpoints in Scientific Medicine',
Disease, Life, and Man: Selected Essays 1958, 42.

Rudolph Virchow, one of the founders of Social Medicine, already emphasized the importance of making research matter to practice. Yet, the gap between Social Medicine research and practice is still large. It often takes years before research findings are applied in practice, if at all.

Since long, there have been discussions among academics about whether they should take a role in valorising research findings and if so, what this role should look like. In my opinion, researchers should take effort themselves to bridge the gap between research and practice. They should give back valuable knowledge and insights to the same society that made their research possible in the first place. Researchers can do this in a variety of ways, such as by giving presentations to professionals who work on ‘their’ topic in practice, developing knowledge centres, cooperating with professionals to solve practice problems or sending out press releases about study findings. To support these activities, I think that it is important that researchers at universities in general receive more credit for their societal impact.

What should be valorised

This thesis focused on the topic of self-direction of sick-listed employees and their supervisors in return-to-work (RTW). Despite that the results of this research do not point in the direction of a ready-made intervention, several findings together can be considered as a knowledge base which has the potential to be valorised.

We aimed to support employees’ and supervisors’ self-direction in order to cooperate better. This thesis covers a description of facilitators of- and bottlenecks for this cooperation. Examples of bottlenecks concern a lack of trust and shared decision-making regarding RTW. Also, this thesis describes the development-, implementation- and evaluation of an intervention to enhance the Cooperation between Sick-listed employees and their Supervisors (COSS). The research findings together can be considered to be a huge overview of best practices and bottlenecks to avoid in order to enhance cooperation between sick-listed employees and their supervisors. For example,

the findings describe how distrust between sick-listed employees and their supervisors can come about and what its consequences can be. Moreover, the findings suggest that adequate efforts to support the implementation of RTW-policy in practice are of vital importance.

Why it is innovative and relevant

The knowledge that resulted from this research is innovative and relevant to Dutch RTW practice, for two reasons.

First, many existing RTW-interventions were focused on specific health complaints such as burnout or low back pain. COSS was developed to be a generic intervention that can be applied to all absent employees, regardless their health complaints. Generic interventions are relevant to Dutch employers as it is not allowed to ask employees in the Netherlands about their health complaints.

Second, many organisations provide return to work support. To my knowledge, there are no well-known organisations that primarily and directly support both the individual sick-listed employee and his/her supervisor to cooperate adequately. The cooperation approach supports employees and supervisors equally to take their shared responsibility in the RTW process.

How it was valorised

During the PhD research, we performed several activities to valorise the findings of this research.

First, after finishing the research for the first thesis aim, we contacted 47 employers, insurers and occupational health services to invite them to participate in COSS and its evaluation. We visited a considerable part of these organisations to present our main findings regarding the facilitators of- and bottlenecks for the cooperation between sick-listed employees and their supervisors. By doing this, we informed a target population consisting of among others HR professionals, occupational physicians, managers, directors and policy makers. Many of these professionals were convinced of the need to resolve the bottlenecks for the cooperation between sick-listed employees and their supervisors in practice.

Second, on 13 April 2010, we presented at the invitational conference 'Work and Healthcare'. We presented similar content as we offered to the 47 employers, insurers and occupational health services (i.e. facilitators of- and bottlenecks for the cooperation between sick-listed employees and their supervisors). Visitors of the conference included occupational physicians and reintegration companies [1]. At the end of the presentation, there was a lively discussion about the facilitators and bottlenecks.

Third, we presented our findings regarding the first thesis aim (only regarding the cooperation between sick-listed employees and their employers) at the European Public

Health (EUPHA) conference in 2013. This conference was visited by over 1300 persons from over 60 countries [2]. The visitors included not only researchers but also practice professionals [3]. We also presented our findings about the employers' expectations regarding how employees should take responsibility in tertiary work disability prevention (sick leave and RTW) at the Work Disability Prevention Interventions (WDPI) conference in 2014. This presentation was part of an interactive seminar about the topic of 'worker's responsibilities in work disability prevention- would they, should they, could they?' (presenters: Karin Maiwald, Cindy Noben, Bram Rooijackers, Nicole Hoefsmit; moderator: Angelique de Rijk). An earlier meeting of this conference was visited by 200 persons from 25 different countries. The participants were, among others, employers, human resource managers, insurers and policy-makers [4]. As part of the seminar, in-depth discussion took place. The seminar helped to disseminate the research findings to a broader audience of professionals from several countries.

Fourth, in 2012, we organised an 'ABSG' (accreditation office for social medicine) accredited preparation session for occupational physicians of the banking organisation who agreed to participate in COSS. We informed the occupational physicians about our findings regarding the bottlenecks for cooperation between sick-listed employees and their supervisors. We also presented COSS in detail and provided suggestions regarding how the occupational physicians can provide the extra support of employees and their supervisors (based on the monitoring of the quality of the cooperation). At the end of the preparation session, the occupational physicians were enthusiastic to provide extra support of employees and their supervisors as part of COSS.

Fifth, we presented all major study findings described in this thesis to a selection of HR professionals and the occupational physician related to Maastricht University. At the end of this presentation, discussion took place, particularly about what self-direction in RTW should entail. These professionals had a positive attitude towards the idea behind COSS and a strong intention to support self-direction in RTW.

Sixth, we wrote a report in Dutch for the banking organisation that participated in COSS and our research. Information in this report can serve as a basis for decision-making about adaptation of the organisation's sick leave policy.

Finally, we provided input for the preparation of the advisory trajectory of the Dutch Socio-economics council (Sociaal-Economische Raad, SER) about the future of occupational healthcare. The input covered our main findings regarding the facilitators of- and bottlenecks for the cooperation between sick-listed employees and their supervisors.

Thus, during the research phase, several actions were already taken to valorise the study findings such as presentation of- and discussion about the research findings with professionals in practice.

Our combined process-, effect-, and economic evaluation have shown that COSS is potentially very valuable to practice. Therefore, the department of Social Medicine

considers the option to further develop and evaluate the COSS intervention, based on the findings of our process evaluation.

Overall, this research has a large potential for valorisation. The results of this thesis are relevant to many stakeholders in the RTW process such as employees, supervisors, HR professionals and occupational physicians. They can use the study results in RTW practice. For example, knowledge about bottlenecks for- and facilitators of self-direction in RTW can be used to shape organisations' RTW policy. Also, the knowledge can inspire RTW professionals to further improve their service on an individual level.

Literature

1. Tilstra F. Arbeid & Zorg. Verslag van de conferentie op 13 april 2010. Vertrouwen in samenwerking. [Work & Care. Report about the conference on 13 April 2010. Trust in cooperation]. 2010. <http://www.arbeidenzorg.com/uploads/verslag%20conferentie%20arbeid%20en%20gezondheid%2026042010.pdf>. Accessed 7 January 2015.
2. European Public Health Conference. 6th European Public Health Conference. Health in Europe: are we there yet? Learning from the past, building the future. SQUARE Meeting Centre, Brussels, 13-16 November 2013. 2013. <http://ephconference.eu/conference-2013-brussels-62>. Accessed 7 January 2015.
3. European Public Health Conference. 6th European Public Health Conference. Health in Europe: are we there yet? Learning from the past, building the future. 13-16 November 2013, Brussels, Belgium. Results of the participants' evaluation. http://ephconference.eu/repository/conference/2013/Brussels_-2013_participants_evaluation.pdf. Accessed 7 January 2015.
4. International Conference of the Work Disability Prevention and Integration. 3th WDPI Conference: Implementing Work Disability Prevention Knowledge. 2014. <http://wdpi2014.iwh.on.ca/>. Accessed 7 January 2015.